

inverted uterus, together with the polypus, was removed by ligature. In one case the polypus was removed and the uterus replaced. The conclusions he comes to are—1. That a complete inversion of the uterus in consequence of the existence of a polypus, though a very rare occurrence, may take place. 2. That so far from the distension of the uterus in consequence of pregnancy being previously necessary, four of the subjects of the cases here referred to were in the virgin state. 3. The inversion under the operation of labour-like pains may sometimes be rather quickly produced. Dr. Martin referred to a case in which *inversio uteri chronica* was combined with fibroid. A woman who three years previously had borne her last child, exhibited, after increasing hemorrhages, an inversion of the uterus with a tumour of the fundus. Dr. Jürgens, of Riga, applied a ligature, which was gradually tightened during a fortnight, when the lower part was cut away. The preparation of the part is preserved in the Dorpat Museum; and a fibroid tumour the size of an egg is observed to be attached to the fundus uteri, whence it is easily separable, the uterine substance around having too undergone hypertrophy. The division was made near the cervix, and the woman recovered.—*Med. Times and Gaz.*, Oct. 27, 1860, from *Monatsschrift für Geburtskunde*, Bd. xv. and xvi.

36. *Puerperal Epidemic at Scanzoni's Midwifery Institution at Würzburg, during February, March, and April, 1859.* By Dr. O. VON FRANKE.—The establishment is of quite recent institution, and is placed in one of the healthiest parts of the town, being surrounded by gardens, and well exposed to the air. It is well constructed, and upon an average contains 30 pregnant women (besides a few others suffering from disease), from 350 to 360 births taking place annually. During the three months now referred to there were 99 deliveries, and the forceps were applied four times, and turning was resorted to once. Of these 99 women 30 became the subjects of puerperal fever, 9 of them dying. Besides these one of the women died of phthisis, and one from eclampsia. Of the 102 children born, 8 were born dead, and 9 died subsequently.

With respect to the epidemic itself precursory indications were met with at the end of 1858 and the beginning of 1859, for without their assuming the character of puerperal fever, mild forms of endometritis and peritonitis, especially the first, were observed. They were, however, purely local manifestations of short duration and favourable termination. These slight affections disappeared towards the end of January, true and severe puerperal fever appearing at the beginning of February. About this time, too, irregularities in the parturient process were of frequent occurrence. These consisted in deficiency of pains, and still oftener in irregular spasmodic contractions, spastic contraction and rigidity of the os uteri. In some of the fatal cases this last condition was the cause of that excessive prolongation of the labour, which, independently of other complication, is a powerful predisponent to the disease. Another condition often observed during the prevalence of these epidemics was not wanting here, viz., hemorrhage occurring speedily after labour. Almost all the women delivered during these three months had more or less considerable hemorrhage, dependent upon defective involution and contraction of the uterus. The organ remained large and soft, showing not the slightest disposition to contract. Puerperal affections exhibit themselves under two principal forms: viz., with hyperinosis of the blood, and with primary dissolution of the blood. The latter form was only observed in any considerable degree in two cases, which were very acute, both proving fatal. It is remarkable that the most acute of all the cases, in which death occurred within twenty-four hours after delivery, occurred at the beginning of April, when the epidemic had already given signs of diminishing. The cases connected with a hyperinotic condition of the blood pursued a less rapid course. The first appearances of disease were manifested on from the second to the fifth day, commencing either in the form of a localized endometritis or peritonitis, or more commonly still, of the two together. There were twenty-eight cases of this form, of which number seven proved fatal; these seven cases remarkably resembling each other in the nature and course of the diseased process set up. In one of the seven puerperal mania occurred during the height of the febrile action on the third day, and the patient died on the ninth day.

The treatment adopted consisted in local bleeding, cataplasms, mercurial frictions, warm baths, and small doses of calomel and opium. The post-mortem appearances were very similar: viz., a large relaxed uterus with its cervical portion softened, and its inner surface lined with diphtheritic or gangrenous deposit; fibro-purulent exudations in various parts of the cavity of the abdomen; an enlarged spleen; and a dark, fluid blood in all the veins, the heart, and the cerebral sinuses exhibiting, therefore, the signs of a dissolved condition of the blood, which, however, in these cases, was not primary, but the result of the continuation of the diseased process. In the milder cases, cataplasms were only employed, and phosphoric acid given with the beverages; local bleeding, and especially warm baths, being resorted to when the local pain proved excessive. The majority of the patients were dismissed from the wards after undergoing treatment for ten or twelve days. There were also cases of febrile action without any special local manifestation; and others in which, together with a moderately rapid pulse, more or less prostration, and a general feeling of malaise, there was an abnormal enlargement of the abdomen without even strong pressure made upon it giving rise to any pain. The involution of the uterus was performed with remarkable slowness; it remaining relaxed and to be felt above the pubis for a long period. All these cases terminated in recovery. One remarkable fact is, that in certain cases of labour, occurring during the height of the epidemic, in which, on account of the difficulty and prolongation of the labour or the exhaustion of the patient, the worst prognosis was delivered, no ill effects whatever resulted. In fact, during the height of a violent epidemic, certain individuals who are not predisposed to puerperal disease may go through the severest labours, involving the most difficult operations, quite unscathed; while others, the whole course of whose labour has been perfectly normal, become the victims of the severest form of the disease.

As in other epidemics not only did the pregnant and puerperal woman suffer, but the same influence was exerted upon the fœtus and child. All the children who were born dead, or died soon after birth, exhibited the plainest signs of the diseased condition of the blood, of which they had become the subject while *in utero*. The blood was dark and fluid, the spleen was enlarged, and the umbilical arteries almost always contained pus.

As to the cause of the present epidemic, none other can be assigned than the prevalence of certain atmospheric influences, the intimate nature of which are unascertainable. If to this it be objected as a more probable circumstance that the disease may have resulted from the miasmatic influences generated within the walls of the institution itself, the reply is that such a conclusion can scarcely be admitted with respect to so newly built and well-contrived an establishment which has never been overcrowded with patients. Moreover, puerperal diseases prevailed at the same time not only in Würzburg, but also in its vicinity, which were not, it is of importance to observe, treated by the same practitioners who were in attendance at the Institution. To these facts may be added the greater prevalence of hemorrhages, and the greater mortality from puerperal diseases which took place at this time. An influence which has often proved very mischievous in Lying-in Hospitals during epidemics, viz., the presence of numerous male individuals, did not come into operation here. Individuality too, exerted no influence; for the feeble and the strong and healthy-looking were alike attacked; and, in fact, the fatal cases occurred among the most strong and powerful women, while the feeble suffered comparatively little.—*Med. Times & Gaz.*, July 14, 1860, from *Scanzoni's Beiträge*, bd. iv.

37. *Case of Periodical Hydruria.* By Prof. SCANZONI.—A Russian lady, 30 years of age, and of strong bodily frame, who had always menstruated regularly, and had borne six living children, was seized four weeks after her last confinement, in 1856, with a sudden and profuse discharge of limpid, uncoloured, scentless fluid, which at the end of three days spontaneously disappeared. Four weeks later a very slight menstrual discharge appeared, which only continued for a few hours, and was followed by another rush of the watery discharge, which as before lasted for three days. From this time the menstruation became very irregular, ceasing sometimes for two or three months, and only lasting when it